## COVID-19 Potential Analysis from the Colorado All Payer Claims Database (CO APCD)
April 2020

### Things We Can Do Now

- Identify **high risk populations** by zip code and county to prepare for future surges (using CDC definition of high-risk conditions, age groups, etc.) – **In Progress**

- Estimate **potential cost impact of moratorium on elective services** based on historical data for the same time period – **In Progress**

- Evaluate **historic use of telemedicine services** to benchmark adoption pre and post COVID-19 and inform efforts to increase telehealth access for underserved areas and those most at-risk – **In Progress**

- Evaluate **COVID-19-like respiratory claims from fall 2019** compared to prior years to estimate actual number of Coloradans who may have already had the disease or been exposed

### Things We Can Do in Near Term (2-6 months)

- Identify **churn** in health care coverage

- Evaluate use of **telemedicine (including e-consults if possible)** by specialty and patient demographics during and post outbreak

- Understand **impact of moratorium on elective services** in terms of reduction in utilization and impact on specific provider types in terms of **loss of revenue and access to care** (rural hospitals, primary care, Community Health Centers, etc.)

- Analyze **mental health/behavioral health services** during/post COVID-19 by evaluating prescription medication fills, telemedicine visits with mental health providers, and substance use disorder and behavioral health-related claims

- Assess impact of **changes in member liability** by health insurance payer

- Determine **changes in eligibility for Colorado’s re-insurance program** (individuals with over $30k in annual health care spending)

- Evaluate potential **impact of resource scarcity** (e.g., drugs being diverted from people with chronic conditions, etc.)

### Things We Can Do in 6+ Months (requires significant data runout)

- In-depth analysis of **mortality and reasons for death in Colorado** (would require mortality data), to understand deaths related to COVID-19, potential undercounting of these deaths and deaths from other causes where the patient could not receive timely treatment (e.g., AMI)

- **Financial impact to long-term care and/or home health** with changes in residency

- Evaluate how **moratorium on elective services impacted outcomes** for patients with chronic diseases or other conditions requiring regular care, and whether patients did seek care immediately or if “fear” may have played a role in accessing care post-pandemic; include analysis of pediatric care (e.g. well-child visits) as separate category
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determine if there was a <strong>backlog of primary care</strong> after bans were lifted</td>
<td></td>
</tr>
<tr>
<td>• Analysis of <strong>impact of health care disparities</strong> on COVID-19 incidence and mortality in terms of race/ethnicity and social determinants of health</td>
<td></td>
</tr>
<tr>
<td>• Determine <strong>potential impact on insurance premiums</strong> (e.g. assessing claims in which the patient portion of the cost is waived)</td>
<td></td>
</tr>
<tr>
<td>• Evaluate <strong>long-term use of telemedicine/e-consults and potential savings</strong> by specialty categories with increased use</td>
<td></td>
</tr>
<tr>
<td>• <strong>Provide a public dataset</strong> that could be available to enable general research on COVID-19</td>
<td></td>
</tr>
<tr>
<td>• Determine if transmission rates were higher in multi-generational households (<strong>may require data from additional sources</strong>)</td>
<td></td>
</tr>
</tbody>
</table>